

EXHIBIT A

DC-20-09553
CAUSE NO. _____

VIVIAN LOGAN,

PLAINTIFF,

VS.

METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY, GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA,

DEFENDANTS.

IN THE DISTRICT COURT

116TH JUDICIAL DISTRICT

DALLAS COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION, JURY DEMAND, AND REQUESTS FOR DISCLOSURE

TO THE HONORABLE JUDGE OF THE COURT:

COMES NOW, Vivian Logan ("Plaintiff"), complaining of MetLife, Inc., Metropolitan Life Insurance Company, GenAmerica Financial Corporation, Metropolitan Tower Life Insurance Company, General American Life Insurance Company, General Life Insurance Company, and General Life Insurance Company of America (collectively, "Defendants") and would show the Court as follows:

I.
DISCOVERY CONTROL PLAN

1. Discovery in this matter is intended to be conducted under Level 2 of Texas Rule of Civil Procedure 190.

II.
PARTIES

2. Plaintiff Vivian Logan is a resident of Fort Worth, Tarrant County, Texas.
3. Defendant MetLife, Inc. ("MetLife, Inc."), is a Delaware Corporation, doing business and transacting business of insurance throughout the State of Texas and is, amongst other things, a publicly held insurance holding company which directly or indirectly owns, manages, and controls insurance companies, including Defendants Metropolitan Life Insurance Company, GenAmerica Financial Corporation, Metropolitan Tower Life Insurance Company, General American Life Insurance Company, General Life Insurance Company, and General Life Insurance Company of America. MetLife, Inc., will be served with citation pursuant to TRCP 106 by registered or certified mail addressed to its Registered Agent: The Corporation Trust Company, 1209 N. Orange Street, Wilmington, Delaware, 19801.
4. Defendant Metropolitan Life Insurance Company ("MLIC") is a New York Corporation, doing business and transacting business of insurance throughout the State of Texas and is, amongst other things, a wholly-owned subsidiary and/or affiliate of MetLife, Inc. MLIC owns, manages, and controls other insurance companies, including Defendants GenAmerica Financial Corporation, Metropolitan Tower Life Insurance Company, General American Life Insurance Company, General Life Insurance Company, and General Life Insurance Company of America. MLIC will be served with citation pursuant to TRCP 106 by registered or certified mail addressed to its Registered Agent: CT Corporation System, 28 Liberty St., New York, New York, 10005.
5. Defendant GenAmerica Financial Corporation ("GAFC") was a New York Corporation, doing business and transacting business of insurance throughout the State of Texas and was, amongst other things, a wholly-owned subsidiary and/or affiliate of MetLife, Inc.

and/or MLIC. Plaintiff is informed and believes that at some time prior to the filing of this action, GAFC merged with MetLife, Inc. and/or MLIC. GAFC will be served with citation pursuant to TRCP 106 by registered or certified mail addressed to its Registered Agent: The Corporation Trust Company, 1209 N. Orange Street, Wilmington, Delaware, 19801.

6. Defendant Metropolitan Tower Life Insurance Company ("Met Tower") is domiciled in Nebraska, and is engaged in business involving the sale and administration of life insurance and conducts business and does business throughout the State of Texas and is, amongst other things, a wholly-owned subsidiary and/or affiliate of MetLife, Inc., MLIC and/or GAFC. Met Tower owns, manages, and controls insurance companies, including Defendant General American Life Insurance Company. Plaintiff is informed and believes that in or about 2018, Met Tower merged with, absorbed, or otherwise assumed responsibility for policies sold by Defendant General American Life Insurance Company. Met Tower will be served with citation pursuant to TRCP 106 by registered or certified mail addressed to its Registered Agent: CT Corporation System, 5601 South 59th Street, Lancaster County, Lincoln, Nebraska 68516.

7. Defendant General American Life Insurance Company ("GALIC") was a Missouri corporation with its principal place of business located at 12222 Merit Drive, Dallas, Dallas County, Texas.¹ GALIC conducted business and did business throughout the State of Texas and is, amongst other things, a wholly-owned subsidiary and/or affiliate of MetLife, Inc., MLIC, GAFC, and/or Met Tower. Plaintiff is informed and believes that in or about 2002, GALIC merged with, absorbed, or otherwise assumed responsibility for policies sold by Defendant General Life Insurance Company. GALIC will be served with citation pursuant to

¹ Plaintiff is informed and believes that GALIC maintained its principal place of business at 12222 Merit Drive, Dallas, Dallas County, Texas, at all material times described herein.

TRCP 106 by registered or certified mail addressed to its Registered Agent: CT Corporation System, 5601 South 59th Street, Lancaster County, Lincoln, Nebraska 68516.

8. Defendant General Life Insurance Company (“GLIC”) was a life insurance company domiciled in Texas that was licensed and engaged in the business of selling life insurance and annuities throughout the State of Texas and is, amongst other things, the company that sold the insurance policy made basis of this action. GLIC is a wholly-owned subsidiary and/or affiliate of MetLife, Inc., MLIC, GAFC, Met Tower, and/or GALIC. Plaintiff is informed and believes that some time prior to the filing of this action, GLIC merged with GALIC. GLIC will be served with citation pursuant to TRCP 106 by registered or certified mail addressed to its Registered Agent: Robert E. Jackson, 12222 Merit Drive, Ste. 1260 LB 36, Dallas, Dallas County, Texas, 75251.

9. Defendant General Life Insurance Company of America (“GLICA”) was a life insurance company domiciled in Illinois that conducted business and did business throughout the State of Texas. Plaintiff is informed and believes that at some time prior to the filing of this action, GLICA merged with GLIC. GLICA will be served with citation pursuant to TRCP 106 by registered or certified mail addressed to its Registered Agent: Robert E. Jackson, 12222 Merit Drive, Ste. 1200, Dallas, Dallas County, Texas, 75251.

10. Plaintiff is informed and believes that now and at all times described herein each Defendant was the actual, apparent, ostensible, or by estoppel agent of each of the other Defendants and was acting and is acting within the course and scope of such agency, so as to make each Defendant liable for the actionable conduct of the other.

**III.
JURISDICTION AND VENUE**

11. This Court has jurisdiction over the claims made herein pursuant to the laws and Constitution of the State of Texas.

12. Venue is proper in Dallas County, Texas pursuant to TEX. CIV. PRAC. & REM. CODE §§ 15.002(a)(3) and 15.005.

**IV.
RULE 47 STATEMENT**

13. The damages sought are within the jurisdictional limits of the court.

14. Plaintiff seeks monetary relief over \$200,000, but not more than \$1,000,000.

15. Plaintiff seeks judgment for all other relief to which the Court and jury deem Plaintiff entitled.

**V.
FACTS**

16. Plaintiff Vivian Logan is the surviving spouse of Dr. James A. Logan (“Dr. Logan” and/or “Insured”). At all times herein, Plaintiff was the wife of the Insured, the primary express beneficiary of the Policy described herein, and the individual from whom benefits of the Policy have been withheld by Defendants.

17. In July 1999, Dr. Logan purchased a term life insurance policy from GLIC described as a *Level Benefit Term Life Insurance Annually Renewable to Age 95 With Premium Adjustment Provision* (the “Policy”), with a face amount of \$200,000, attached hereto as “Exhibit A.” The “Initial Term” of the Policy was one year beginning on July 22, 1999 and

running until July 21, 2000, after which time the Policy renewed each successive year upon payment of an annual premium.²

18. The Policy included a *Premium Guarantee Rider* provision which guaranteed a fixed annual premium of \$2,216, which was auto-debited from the Logan's bank account in monthly installments each year until on or about June 2017.

19. On or about July 2017, Defendants, without notifying the Logans, attempted to increase the annual premium on the Policy from \$2,216 per year, to more than \$16,800 per year. Defendants never notified the Logans of this new premium amount, nor or of their intent to increase the premium by more than 750%. The Logans' only notification of the Policy premium increase was from an "insufficient funds" notice from their bank when Defendants' attempted to debit the Logans' account for the higher premium.

20. Defendants' escalation of the annual premium was a clear violation under the terms of the Policy which required the Defendants to provide proper notice of 1) the amount payable on the annual premium for each renewal year; and 2) proper notice of any premium change made on the Policy. Specifically, the *Premium Adjustment Provision* of the Policy states in part:

We [General Life Insurance Company] will determine the renewal premiums for this policy each year. We may change the current premium, as shown in the Schedule of Current Premiums, up or down when future expectations regarding such factors as investment earnings, mortality, persistency and expenses have changed. . . . ***We will notify you of the premium before the start of each renewal year.*** Any ***premium change*** made on this policy will have no effect on any other riders attached to the policy. ***Such***

² Upon information and belief, GLIC's rights and obligations under the Policy were ultimately transferred to or acquired by the Defendants at various times between July 1999 and the death of Dr. Logan on August 1, 2019.

changes will be filed with the insurance supervisory official of the state which governs your policy. [emphasis added].

Ex. A at p. 4. Defendants did not provide any notice required by this provision.

21. Defendants were required to provide notice of the premium amount to the Insured *before* the commencement of each renewal year, *i.e.*, on or before July of each given year. Upon information and belief, Defendants did not provide this required notice. As such, the Logans were wholly unaware of Defendants' intention to increase the Policy's annual premium by more than \$15,000—which the Logans could not afford—for the Policy year beginning in July 2017. Thus, the Policy lapsed. Had the Logans been notified of the annual premium amount (and impending increase), they would have been able to utilize the “re-entry privilege” provision in the Policy that allowed for the Insured to “apply for a new policy of a comparable plan” in the event of a change or increase in the annual premium. Ex. A at p. 6. Defendants' failure to provide this critical notice was a cause of the Policy's lapse and a breach of the Policy's terms.

22. Moreover, Defendants' attempt to increase the annual premium from \$2,216 to more than \$16,800 a year, was clearly a “premium change” as defined under the terms of the *Premium Adjustment Provision* which required Defendants to file or record this change with the insurance supervisory official of the State of Texas, *i.e.*, the Texas Department of Insurance. Defendants failed to provide this requisite notice with the state. This was also a breach of the terms of the Policy agreement.

23. James Logan passed away on August 1, 2019. As a result of Defendants' violations and multiple breaches of the terms of the Policy, Plaintiff, as the sole beneficiary, was deprived of the death benefit of at least \$200,000 upon the death of her husband and Insured, Dr. Logan.

VI.
CAUSES OF ACTION

COUNT 1: BREACH OF CONTRACT

24. The Policy constitutes a valid, enforceable contract under the laws of the State of Texas.

25. Plaintiff is a proper party to sue for Defendants' breaches of the terms of the Policy. As detailed, Plaintiff is the surviving spouse of the Insured and at all times material hereto was listed under the Policy as the sole primary express beneficiary entitled to receive the death benefit proceeds upon the death of the Insured.

26. The Plaintiff and the Insured performed, tendered performance of, or were excused from performing their contractual obligations under the Policy. Plaintiff and Insured did perform their obligations under the Policy by timely paying the annual premium payments of \$2,216 for more than eighteen years until on or about June 2017 when Defendants' breached the terms of the Policy.

27. Defendants' breached the Policy by, *inter alia*, failing to provide proper notice to the Insured and Plaintiff of the premium amount for each renewal year and for failing to provide proper notice—filed, recorded, or otherwise—of the change in premium amount with the Texas Department of Insurance.

28. Defendants' failure to provide these required notices constituted breaches of the Policy terms which caused the Policy to lapse thereby injuring Plaintiff and depriving her of the benefit of at least \$200,000 upon the death of her husband, the Insured.

COUNT 2: ATTORNEYS' FEES

29. Plaintiff seeks recovery of attorneys' fees and expenses against each Defendant incurred in the prosecution and defense of this proceeding pursuant to Tex. Civ. Prac. Rem.

Code, § 38.001, *et. seq.*

VII.
REQUEST FOR A JURY TRIAL

30. Plaintiff requests a jury trial and has tendered the appropriate fee.

VIII.
REQUESTS FOR DISCLOSURE

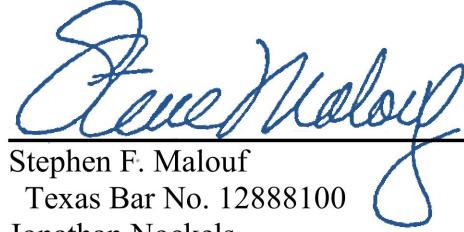
31. Pursuant to Rule 194 of the Texas Rules of Civil Procedure, each Defendant is requested to disclose, within 50 days of service of this request, the information or material described in Rule 194.2.

IX.
PRAYER

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that upon a final trial of this cause Plaintiff receives judgment against each Defendant for damages as sought herein including, but not limited to:

- a. all actual damages to which Plaintiff may be entitled;
- b. all reasonable damages to Plaintiff proximately caused by Defendants' breaches;
- c. attorneys' fees;
- d. prejudgment interest at the highest rate allowed by law from the earliest time allowed by law;
- e. interest on judgment at the highest legal rate from the date of judgment until collected;
- f. costs of Court; and
- g. all such other and further relief, general or special, at law or in equity, to which Plaintiff may show herself justly entitled.

Respectfully submitted,



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MALOUF & NOCKELS LLP

6688 N. Central Expy.
Suite 1050
Dallas, Texas 75206
214-969-7373 (Telephone)
214-969-7648 (Facsimile)

ATTORNEYS FOR PLAINTIFF

POLICY NUMBER:

TL0014603H

INSURED:

DR JAMES A LOGAN

**LEVEL BENEFIT TERM LIFE INSURANCE
ANNUALLY RENEWABLE TO AGE 95
WITH PREMIUM ADJUSTMENT PROVISION**

Non-Participating

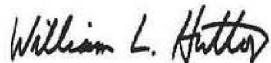
Face amount payable at death of insured prior to expiration of initial or renewal term. Renewable to age 95 without evidence of insurability. Premiums payable until the end of initial or renewal term, or until prior death of the insured.

RIGHT TO EXAMINE POLICY

You may return this policy within twenty days after receiving it. It may be delivered or mailed to us or the agent through whom it was purchased. The policy will then be deemed void from the start. Any premium paid will be returned.

This policy is a legal contract between the policyowner and General Life. PLEASE READ YOUR CONTRACT CAREFULLY. This cover sheet provides only a brief outline of some of the important features of your policy. This cover sheet is not the complete insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company **IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY**

Signed for General Life Insurance Company at its Home Office, Edwardsville, Illinois 62025.
(1-618-659-9510)



SECRETARY



PRESIDENT AND CEO

ALPHABETIC GUIDE TO YOUR CONTRACT

Page	Page
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3.01 Definitions	4.01 Re-Entry Privilege
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3.02 Grace Period	4.01 Renewal Privilege
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7.01 Interest on Proceeds	6.02 Suicide Exclusion

Additional Benefit Riders, Modification and Amendments, if any, and a Copy of the Application are found following the final section.

POLICY SPECIFICATIONS

Age	65	Insured	DR JAMES A LOGAN
Sex	MALE	Owner	DR JAMES A LOGAN
Risk Classification	PREFERRED NON-SMOKER	Date of Issue	JULY 22, 1999
Expiration Date of Initial Term	JULY 22, 2000	Policy Number	TL0014603H
		Face Amount	\$200,000

Form Numbers	Benefits - As Specified in Policy and in any Rider	Annual Premium	Premium Period
7000442	Policy Plan: Level Benefit Term Life Insurance Annually Renewable to Age 95 with Premium Adjustment Provision*	\$2,216.00	1 Year
7010442			
7020442			
7020542			
7030342			
7040342			
7060342			
7070242			
7090542	Conversion Privilege Endorsement		
7081042	Premium Guarantee Rider		
7097800			
	Total Annual Premium	\$2,216.00	
	Total Premiums Payable at Annual Intervals	\$2,216.00	

* Premiums after the first are shown in the Schedules of Premiums.

The due date of premiums after the first are measured from the Date of Issue and are at the intervals specified above.

7010442 1.01

DEFINITIONS IN THIS POLICY	
We, Us and Our	General Life Insurance Company.
You and Your	The owner of this policy. The owner may be someone other than the insured.
	In the application the words "You" and "Your" refer to the proposed insured person(s).
Insured	The person whose life is insured under this policy as shown on the Policy Specifications page.
Age	The age of the insured as of his or her birthday nearest to the date of issue.
Beneficiary	The person named in the application or by later designation to receive the proceeds in the event of the insured's death.
Date of Issue	The date of issue is the effective date of the coverage under this policy. It is also the date from which policy anniversaries, policy years, and premium due dates are measured.
Proceeds	The amount payable as a result of the insured's death. This includes:
	<ol style="list-style-type: none"> 1. the face amount of the policy, plus 2. any amount payable under an attached rider, plus 3. any premium refund, minus 4. any premium due during the grace period.
Maturity	The date of death of the insured.

2. PREMIUMS AND GRACE PERIOD

Payment of Premiums

Your first premium is due as of the date of issue. While the insured is living, premiums after the first must be paid in advance at our Home Office or to an agent of ours upon delivery of a receipt signed by our President or Secretary. You may pay your premiums annually, semiannually, or at other intervals we may establish from time to time. This right is subject to our rates and minimum premium requirement at the date of issue. When the premium for any rider is no longer payable, the total premium will be reduced accordingly. A premium receipt will be furnished upon request.

If this policy is in your possession and you have not paid the first premium, it is not in force. It will be considered that you have the policy for inspection only.

Premium Adjustment Provision

We will determine the renewal premiums for this policy each year. We may change the current premium, as shown in the Schedule of Current Premiums, up or down when future expectations regarding such factors as investment earnings, mortality, persistency and expenses have changed. Any changes in premium will be made on a class basis without regard to the health or occupation of the insured. These premiums will not exceed those shown in the Schedule of Maximum Premiums nor will they be changed more than once per year. We will notify you of the premium before the start of each renewal year. Any premium change will be on a uniform basis for insureds of the same insuring age, sex, and risk classification whose policies have been in force for the same length of time. Any changes in the Schedule of Current Premiums will be endorsed onto this policy. Any premium change made on this policy will have no effect on any other riders attached to the policy. Such changes will be filed with the insurance supervisory official of the state which governs your policy.

Grace Period

Your premium is in default if you do not pay it on or before its due date. We will allow a grace period of 31 days after the premium due date for payment of each premium except the first. During this period no interest will be charged on the premium due, and the policy will remain in force. If the insured dies during the grace period, the amount of any unpaid premium due through the date of death will be deducted from the proceeds of the policy.

If any premium remains unpaid after the grace period, this policy will cease and become void.

Reinstatement

Within five years after a default in premium payment, but no later than the policy anniversary nearest the insured's 95th birthday, you may apply for reinstatement if:

1. You submit proof satisfactory to us that the insured is insurable by our standards; and
2. You pay all overdue premiums with interest at 6% per year compounded annually to the date of reinstatement; and
3. The insured is alive on the date we approve the request for reinstatement. If the insured is not alive, such approval is void and of no effect.

Any application for reinstatement becomes part of the contract of reinstatement and of this policy.

Subject to the above requirements, the effective date of reinstatement will be the date we approve the request for reinstatement. We will advise you of the reinstatement effective date.

Premium Refund at Death

Any part of a premium which pays the policy to a date beyond the insured's death will be refunded as part of the policy proceeds. This provision does not apply to any premium waived by a waiver of premium benefit rider.

3. RENEWAL PRIVILEGE

You may renew this policy without giving us proof that the insured is then insurable by our standards. However, you may not renew this policy beyond the policy anniversary nearest the 95th birthday of the insured. To renew the policy you must pay the proper premium shown on the Schedule of Current Premiums. The premium must not be paid later than 31 days after the end of each preceding term. Each renewal will be for a term of one year and will begin when the preceding term ends.

If your policy has a waiver of premium rider, and if the insured becomes disabled as defined in such rider, this Renewal Privilege will be applied automatically according to the provisions of such rider.

4. RE-ENTRY PRIVILEGE

At any time after the policy's 18th anniversary date but prior to the policy's 22nd anniversary date, you may apply for a new policy of a comparable plan as determined by us; subject to:

1. Proof of insurability acceptable to us; and
2. The insured's age not being greater than the maximum issue age for this policy at the time of re-entry.

The request for a new policy must be made to us in writing prior to the desired issue date of the new policy. The issue date of the new policy will be the date of re-entry. The issue age will be the insured's age on the date of re-entry. We will determine the risk class and approve the amount of insurance based on the evidence of insurability provided. The premiums for the new policy will be based on:

1. The premium rates in effect on the issue date of the new policy; and
2. The insured's age on the issue date of the new policy.

5. PERSONS WITH AN INTEREST IN THE POLICY

Owner

The owner is as shown in the application or in any supplemental agreement attached to this policy, unless later changed as provided in this policy. You, as owner, are entitled to all rights provided by this policy, prior to its maturity. Ownership may be changed in accordance with the Change of Owner or Beneficiary provision. After maturity, you cannot change the payee nor the mode of payment, unless otherwise provided in this policy. Any person whose rights of ownership depend upon some future event will not possess any present rights of ownership. If there is more than one owner at a given time, all must exercise the rights of ownership by joint action.

Beneficiary

The beneficiary to receive the proceeds in the event of the insured's death is as shown in the application or in any supplemental agreement attached to this policy, unless later changed as provided in the policy. You may change the beneficiary in accordance with the Change of Owner or Beneficiary provision. Unless otherwise stated, the beneficiary has no rights in this policy before the death of the insured. If there is more than one beneficiary at the death of the insured, each will receive equal payments, unless otherwise provided. Unless you provide otherwise, if a beneficiary dies prior to the insured's death, that beneficiary's share will be paid to the living beneficiaries of that class. The deceased beneficiary's share will be paid in the same proportion as the living beneficiaries' shares. If there are no beneficiaries living when the insured dies, or at the end of any Common Disaster period, the proceeds (commuted if required) will be payable to you, if you are living, or to your estate.

Change of Owner or Beneficiary

During the lifetime of the insured you may change the ownership and beneficiary designations. You must make the change in written form satisfactory to us. If acceptable to us, the change will take effect as of the time you signed the request, whether or not the insured is living when we receive your request at our Home Office. The change will be subject to any assignment of this policy or other legal restrictions. It will also be subject to any payment we made or action we took before we received your written notice of the change. We have the right to require the policy for endorsement before we accept the change.

If you are also the beneficiary of the policy at the time of the insured's death, you may designate some other person to receive the proceeds of the policy within 60 days after the insured's death.

Assignments

We will not be bound by an assignment or transfer of the policy or of any interest in it unless:

1. The assignment or transfer is made by a written instrument,
2. You file the original instrument or a certified copy with us at our Home Office, and
3. We send you a receipt.

We are not responsible for the validity of any transfer or assignment.

If a claim is based on an assignment or a transfer, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

6. THE CONTRACT

The Contract	We have issued this policy in consideration of the application and payment of premiums. The policy, the application for it, any riders or endorsements, copies of which are attached to and made a part of the policy, are the entire contract. A copy of any application for reinstatement will be sent to you for attachment to this policy and will become part of the contract of reinstatement and of this policy. The policy may be changed by mutual agreement. Our agents have no authority to alter or modify any terms, conditions, or agreements of this policy, or to waive any of its provisions.
Conformity with Statutes	If any provision in this policy is in conflict with the laws of the state which govern this policy, the provision will be deemed to be amended to conform with such laws. In addition, we reserve the right to change this policy if we determine that a change is necessary to cause this policy to comply with, or give you the benefit of, any federal or state statute, rule or regulation, including but not limited to requirements for life insurance contracts under the Internal Revenue Code, or its regulations or published rulings.
Misstatement of Age or Sex	If the age or the sex of the insured has been misstated on the application, any amount payable on the policy will be such as the premium paid would have purchased had the insured's age and sex been correctly stated.
Statements in Application	All statements made by the insured or on his or her behalf, or by the applicant, will be deemed representations and not warranties, except in the case of fraud.
Incontestability	We cannot contest this policy, except for nonpayment of premium, after it has been in force during the lifetime of the insured for a period of two years from the date of issue. We cannot contest any reinstatement of this policy, with regard to material misstatements made concerning such reinstatement, except for nonpayment of premium, after it has been in force during the lifetime of the insured for a period of two years from the date we approve the reinstatement. This provision will not apply to any rider which contains its own incontestability clause.
Suicide Exclusion	If the insured dies by suicide, while sane or insane, within two years from the issue date (or within the maximum period permitted by law of the state in which this policy was delivered, if less than two years), the amount payable will be limited to the amount of premiums paid. If this policy is issued to a person who is a Missouri citizen at the time of issue, this provision does not apply unless we prove the insured intended suicide when this policy was applied for.
Claims of Creditors	To the extent permitted by law, neither the policy nor any payment under it will be subject to the claim of creditors or to any legal process.

7. PAYMENT OF POLICY BENEFITS

Payment A lump sum payment will be made as provided on the face page. Settlement will be made within 2 months after receipt of due proof of death.

Interest on Proceeds We will pay interest on proceeds from the date of the insured's death to the date of payment. Interest will be at an annual rate determined by us, but never less than the guaranteed rate of 4.0%.

Extended Provisions Provisions for settlement of proceeds different from a lump sum payment may only be made upon written agreement with us.

Issued by General Life Insurance Company

Important! Please keep with your policy!

Your policy is hereby amended to add the following provision:

CONVERSION PRIVILEGE

While this policy is in force, you may exchange this policy in its entirety for a new policy by making a written request prior to the policy anniversary nearest the insured's 80th birthday. The new policy will be a level premium, level death benefit, single life or endowment policy offered by us at the date of issue of your new policy.

It will be subject to the following provisions:

1. The amount converted will not be greater than the face amount of this policy.
2. The amount will be subject to the regular company limits on the date of issue of the new policy for the chosen plan of insurance. If the amount to be converted is less than our regular issue limits we may substitute an alternate plan. Regardless of amount, some plan will always be made available.

You do not need to give proof that the insured is then insurable by our standards if the new policy contains no additional benefit rider not included in this policy which would increase the insurance risk.

Otherwise, the exchange may be made only if the insured is then insurable. We will use the same underwriting standards as we are then using on applications for new insurance when considering whether the insured is insurable.

The date of issue of the new policy will be the date of exchange. You must pay all premiums in accordance with the terms of the new policy. The premium rate for the new policy will be based on the age and sex of the insured and our rates on the date of exchange, and the risk classification of this policy.

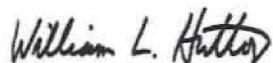
7090542
(9/96)

The time periods in the Suicide Exclusion and Incontestability provisions of the new policy will start with this policy's date of issue. If there is an increase in face amount, the time periods in the Suicide Exclusion and Incontestability provisions will apply only to the increased amount and will be measured from the new policy's date of issue.

If this policy has a waiver of premium rider as a part of it and the insured becomes disabled as defined in that rider, the rider provisions may not allow the conversion privilege of this policy to be exercised.

The date of issue and effective date of this endorsement and the policy are the same unless another effective date is shown below.

EFFECTIVE DATE



SECRETARY

PRESIDENT AND CEO

GENERAL LIFE INSURANCE COMPANY
Edwardsville, Illinois 62025

7090542
(9/96)

Issued by General Life Insurance Company

This rider is a part of the policy at issue and is subject to all applicable terms and provisions of the policy; except as modified herein.

EXTENSION OF PREMIUM GUARANTEE

We guarantee that the annual premium payable for the policy, not including any supplemental benefits, in policy years six through eighteen will never be more than the annual premium shown in the Schedule of Current Premiums if one of the following conditions is met:

1. The risk classification is "Non-Smoker" and the issue age is less than 65; or
2. The risk classification is "Smoker" and the issue age is less than 60.

The risk classification and issue age are shown on the Policy Specifications page. If neither of the above conditions are met, the annual premium will only be guaranteed for policy years six through fifteen. After the end of the guarantee period, the annual premium payable will never be greater than the annual premium shown in the Schedule of Maximum Premiums. Premiums for supplementary benefits, if any, are not included in this guarantee.

REINSTATEMENT

This rider may be reinstated if:

1. The Rider terminated due to the termination of the policy according to the terms of the policy's Grace Period provision;
2. The policy is being reinstated.

TERMINATION

This rider will terminate upon the earlier of:

1. The eighteenth policy anniversary if:
 - a) The risk classification is "Non-Smoker" and the issue age is less than 65; or
 - b) The risk classification is "Smoker" and the issue age is less than 60; or
2. The fifteenth policy anniversary if:
 - a) The risk classification is "Non-Smoker" and the issue age is greater than or equal to 65; or
 - b) The risk classification is "Smoker" and the issue age is greater than or equal to 60; or
3. The death of the insured; or
4. The termination of the policy.

The risk classification and issue age are shown on the Policy Specifications page.

The date of issue and effective date of this rider and the policy are the same.

SECRETARY

GENERAL LIFE INSURANCE COMPANY
Edwardsville, Illinois 62025

PRESIDENT AND CEO

**NOTICE REGARDING REINSTATEMENT OF A LAPSED POLICY
DUE TO THE MENTAL INCAPACITY OF THE INSURED**

**General Life Insurance Company
95 North Research Drive
Edwardsville, IL 62025**

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS
IT MAY BE IMPORTANT TO YOU IN THE FUTURE**

ELIGIBILITY	If your policy lapses, it may be eligible for reinstatement if all of the following conditions are met:
	<ol style="list-style-type: none">(1) The policy has been in force continuously for at least five years immediately prior to the date of lapse;(2) All premiums have been paid in a timely manner during this period;(3) The lapse results from an unintentional default in premium payments caused by the mental incapacity of the insured; and(4) We receive a request for reinstatement and proof of the insured's mental incapacity within one year from the date of the lapse.
PROOF AND REQUEST	To establish proof of the insured's mental incapacity, we must be provided with a clinical diagnosis by a physician licensed in Texas and qualified to make the diagnosis. We will accept the proof and request for reinstatement from:
	<ol style="list-style-type: none">(1) you;(2) the insured, if you are not the insured;(3) the legal guardian of the insured;(4) other legal representative of the insured; or(5) the legal representative of the estate of the insured.
MENTAL INCAPACITY	Mental incapacity means lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a decision regarding failure to pay a premium when due and the ability to reach an informed decision in the matter.
REINSTATEMENT	We will reinstate an eligible policy within a period of one year after the date of lapse. We will require payment of all unpaid premiums, plus interest (up to 6%), from the date of lapse to the date of reinstatement. <ol style="list-style-type: none">(1) Your policy will be treated as if it had been in force continuously since the lapse;(2) The policy provisions will apply as if there had been no lapse; and(3) You will be required to make any and all future premium payments required by the policy provisions to keep the policy in force.

**REDUCED
BENEFITS**

We will pay the death benefit under an eligible policy if the insured dies within one year from the date of lapse, provided that the requirements for submitting proof of mental incapacity and request for reinstatement are met. We may reduce the death benefit by any unpaid premiums due, plus interest (up to 6%) from the date of lapse to the date of death.

EXCEPTIONS

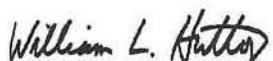
We are not required to reinstate the policy or pay the death benefit if the insured becomes mentally incapacitated after the grace period contained in the policy expires.

DEFINITIONS

You and Your - The owner of the policy.

We - General Life Insurance Company.

Lapse - The due date of the last premium that remains unpaid after the expiration of the grace period defined in the policy.



SECRETARY



PRESIDENT AND CEO

GENERAL LIFE INSURANCE COMPANY
Edwardsville, Illinois 62025

7097800
(2/96)

JUL 06 1999

TL0014603H

PART I OF APPLICATION FOR LIFE INSURANCE

GENERAL LIFE INSURANCE COMPANY

1. Name of Proposed Insured Sex M FLogan, James A
(Last) (First) (MI)2. Birth Date Age Birthplace Social Security #
Sand Flat
65 TX [REDACTED] [REDACTED]

3. Driver's License No. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

4. Mail Premium Notice to: Residence
 Business Owner Other

5. Residence Address and Phone

Street [REDACTED]
City Fort Worth
State TX Zip Code 76135
Phone [REDACTED]

6. Present Occupation

Duties Contractor
Name of Employer Contractor Service

7. Business Address and Phone

Street [REDACTED]
City Haltom City
State TX Zip Code 76117
Phone [REDACTED]

8. Applicant/Owner (if not Proposed Insured)

Full Name [REDACTED]
Address [REDACTED]
City [REDACTED]
State [REDACTED] Zip Code [REDACTED]
Relationship to Insured [REDACTED]
Social Security (or Taxpayer ID) [REDACTED]

9. Beneficiary Designation

(full name & relationship)

Primary Vivian L. Logan

Spouse 100

Contingent [REDACTED]

10. Life Insurance Policies on your life.

(if none, state so.)

Company	Year	Amount	ADB Amount
none			

11. Convenient time, place and phone # to reach Proposed Insured

12. (a) Annual Earned Income from Occupation:

\$ [REDACTED]

(b) Total Amount Income from all Sources

(Including 12(a)): [REDACTED]

(c) Net Worth: \$ [REDACTED]

13. Amount of Insurance 200,000

14. Plan of Insurance 18YR TERM

15. Riders and Benefits

Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

Option A Planned PremiumOption B 16. Premium Mode: ANN SA P.A.C. Single Premium Other _____

17. Premium Paid with Application \$ _____

18. (Provide Details Below)

(a) Have you ever been declined, rated postponed or offered a policy different than that applied for? Yes No (b) Have any intention to travel or reside outside the United States? (c) Have you flown as a student pilot, pilot or crew member within the past 3 years or contemplate such flights in the future?
If "Yes," Complete Part IV.(d) Have you ever had a traffic citation for driving while intoxicated or driving under the influence of intoxicants or drugs? (e) Have you within the past 3 years had a moving vehicle violation or a traffic accident? (f) Do you or do you intend to participate in: aeronautics, competitive racing, sky or underwater diving, mountain climbing, or any other similar avocation?
If "Yes," Complete Part IV.(g) Are you currently applying for life insurance with any other company? (h) Will any existing insurance or annuity be changed or discontinued if the policy applied for is issued? (i) Have we done a personal interview or customer interview with you in the last 12 months? GIVE COMPLETE DETAILS OF ANY PART OF
QUESTION 18 ANSWERED "YES"

See Part IV

7067742

(9/96)

PART II APPLICATION FOR INSURANCE - MEDICAL DECLARATION

1. Name, Address, and Phone of your Personal Physician. If None, check <input type="checkbox"/>		10. Other than above, have you within the past 5 years: (a) Had any psychiatric or psychological consultation not listed above or any physical disorder not listed above? <input type="checkbox"/> <input checked="" type="checkbox"/> (b) Had a checkup, consultation, illness injury, surgery? <input type="checkbox"/> <input checked="" type="checkbox"/> (c) Been a patient in a hospital, clinic, sanatorium or other medical facility? <input type="checkbox"/> <input checked="" type="checkbox"/> (d) Had electrocardiogram, X-ray, other diagnostic test? <input type="checkbox"/> <input checked="" type="checkbox"/> (e) Been advised to have any diagnostic test, hospitalization, treatment, or surgery which was not completed? <input type="checkbox"/> <input checked="" type="checkbox"/>		Yes	No
2. Date, Reason, Treatment on Last Consultation <u>05/16/1999</u> <u>Routine Physical/Results Normal</u>					
3. Are you now under observation or taking medication or treatment? <input type="checkbox"/> <input checked="" type="checkbox"/>					
4. Do you have any doctor's visit or medical care scheduled? <input type="checkbox"/> <input checked="" type="checkbox"/>					
5. Height <u>5</u> ft. <u>8</u> in. Weight <u>175</u> lbs.					
6. Within the last ten years, from the date of this application, have you been treated for or had any known indication of: (a) Dizziness, fainting, convulsions, epilepsy, headaches, speech defects, paralysis, mental or nervous disorders? <input type="checkbox"/> <input checked="" type="checkbox"/> (b) Shortness of breath, bronchitis, asthma, emphysema, tuberculosis, pneumonia, or chronic respiratory disease? <input type="checkbox"/> <input checked="" type="checkbox"/> (c) Chest pain, pulse irregularity, high blood pressure, rheumatic fever, heart murmur, heart attack, stroke, or other disorder of the heart, or circulatory system, anemia, or other disorder of the blood? <input type="checkbox"/> <input checked="" type="checkbox"/> (d) Jaundice, intestinal bleeding, ulcer, colitis, diarrhea, diverticulitis, or other disorder of the stomach, intestines, liver or gallbladder? <input type="checkbox"/> <input checked="" type="checkbox"/> (e) Kidney stone or other disease of kidney; venereal disease; disorder of the bladder, prostate, reproductive organs, or breasts; sugar, albumin, blood or pus in the urine? <input type="checkbox"/> <input checked="" type="checkbox"/> (f) Diabetes; disorder of the thyroid or lymph glands, or other endocrine disorders? <input type="checkbox"/> <input checked="" type="checkbox"/> (g) Arthritis, gout, collagen disease or other disorders of the muscles, or bones including spine, back or joints? <input type="checkbox"/> <input checked="" type="checkbox"/> (h) Disorder of skin, cyst, tumor or cancer? <input type="checkbox"/> <input checked="" type="checkbox"/>					
7. Have you ever been diagnosed by a member of the medical profession as having AIDS or AIDS Related Complex? <input type="checkbox"/> <input checked="" type="checkbox"/>					
8. Have you ever received treatment from a member of the medical profession for AIDS or AIDS Related Complex? <input type="checkbox"/> <input checked="" type="checkbox"/>					
9. Have you ever attempted suicide or made a suicidal gesture? <input type="checkbox"/> <input checked="" type="checkbox"/>					
11. (a) Have you used (once or more) or do you now use barbiturates, amphetamines, hallucinogenic drugs (including marijuana), cocaine, heroin, narcotics, or any similar substances or any prescription drug except in accordance with a physician's instruction? <input type="checkbox"/> <input checked="" type="checkbox"/> (b) Have you ever received counseling, advice or treatment regarding the use of alcohol or drugs? <input type="checkbox"/> <input checked="" type="checkbox"/> (c) Have you ever been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous? <input type="checkbox"/> <input checked="" type="checkbox"/>					
12. Details/Explanations (proposed insured, dates, duration, medication, name and address of physicians) See Part IV					

7067742
(9/96)

PART III OF APPLICATION FOR LIFE INSURANCE

TL0014603H

1. FAMILY HISTORY

	Age if living	or	At death	Cause of Death	Cancer History?	Heart Diseases or Circulatory Disorder?
Mother			75	See Part IV	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, since Age 70	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, since Age _____
Father			47	See Part IV	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, since Age _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, since Age _____
Siblings			62	See Part IV	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, since Age 61	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, since Age _____
Siblings					<input type="checkbox"/> No <input type="checkbox"/> Yes, since Age _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, since Age _____

2. PROPOSED INSURED

Tobacco Use? Never Present Former

Mo./Year quit _____

Check type smokeless cigar cigarette pipe

Years as a smoker _____

Packs per day _____

3. HOME OFFICE ENDORSEMENT (Not applicable in Maryland)

DECLARATIONS. I agree that the statements and answers in this application are true and complete to the best of my knowledge and belief. I also agree that:

- The statements and answers in this application, and any amendments to it, or made to the medical examiner will be the basis of any insurance issued and will be a part of any policy issued.
- Knowledge of the agent or medical examiner will not be imputed to the Company unless stated in Part I, or any of its supplements; Part II, or medical reports received in the Home Office; Part III or Part IV. No printed provision of this application will be modified or waived except by an amendment signed by an officer at the Home Office. No agent or medical examiner has the authority to make or alter any contract for the Company.
- If a premium payment is given in exchange for a Temporary Insurance Agreement (TIA), the Company will be liable only as set forth in that Agreement.
- If a premium payment is not given at the same time as this application, then insurance will take effect when all of the following are satisfied: (1) a policy is approved by the Company for issue as applied for; (2) the full first premium is paid; and (3) the health and insurability of any person proposed for insurance have not changed since the date of this application.
- If a policy is issued other than as applied for, coverage will take effect under the policy only when all of the following have been satisfied: (1) a policy issued by the Company is delivered to and accepted by me; (2) the full first premium is paid; and (3) the health and insurability of any person proposed for insurance have not changed since the date of this application.
- The undersigned applicant and agent certify that the applicant has read, or had read to him or her the completed application and that he or she realized that any false statement or misrepresentation therein which is material to the risk may result in loss of coverage under the policy.

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number (or, if no number is shown, I am waiting for a number to be issued to me); and
- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: You must cross out and initial #2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at NYC Date 2/16/95, Year 1995
(City, State)

James A. Logan
(Signature of Proposed Insured
Parent or Guardian if Proposed
Insured under age 15)

I certify that I have truly and accurately recorded
on all parts of this application the information
supplied by the applicant.

Signature of
7067742
(9/96)

Licensed Agent Business

Signature of Applicant/Owner/Trustee
(if other than Proposed Insured)

GENERAL LIFE INSURANCE COMPANY

EDWARDSVILLE, IL 62025

TL0014603H

Part IV: Additional Details (use for any explanation where space is insufficient)

All statements and answers to the foregoing questions are, to the best of my knowledge and belief, complete and true. I agree (a) that they will form a part of my application; (b) that they will be subject to the terms of the agreement found in Part III; and (c) that they will become a part of any policy based on this application.

PT WOERTER

Dated at 6-28-99
City and state

City and state

On 28 Jun 95
Month/Day/Year

www.ijerph.com

James A. Logan
(Signature of Proposed Insured - Parent or Guardian if Proposed
Insured under age 15)

(Signature of Proposed Insured - Parent or Guardian if Proposed Insured under age 15)

Signature of Applicant/Owner/Trustee (if other than Proposed Insured)

Signature of

Licensed Agent

Witness

7067742
(9/96)

JUL 06 1999

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

TL0014603H

I authorize General Life Insurance Company its agents, employees, reinsurers, insurance support organizations and their representatives to obtain information about me to evaluate this application. This information may be about: (a) age; (b) medical history, condition and care; (c) physical and mental health; (d) occupation; (e) income; (f) avocations; (g) driving record; (h) other personal characteristics; and (i) other insurance. It includes information about the use of alcohol, drugs and tobacco.

I authorize any physician, health care professional, hospital, clinic, medical facility, the Veterans Administration, the MIB, Inc., employer, consumer reporting agency or other insurance company to release information about me to General Life Insurance Company on receipt of this Authorization. I also authorize all said sources, except MIB, Inc., to give such records or knowledge to any agency or representative employed by General Life Insurance Company to collect and transmit such information. General Life Insurance Company or its representative(s) may also release this information about me to its reinsurer, to the MIB, Inc., or to another insurance company to whom I have applied or to whom a claim has been made. No other release may be made except as allowed by law or as I further authorize.

This form is valid for 26 months from the date it is signed. I have received the Notice of Information Practices, which includes the Medical Information Bureau and Fair Credit Reporting Act notices. I authorize General Life Insurance Company to obtain an investigative consumer report on me.

A photographic copy of this is as valid as the original. I have the right to receive a copy of this if I ask for it.

10-28-99

Date

James A. Logan
Print Name of Proposed Insured

X James A. Logan
Signature of Proposed Insured

Unless a legitimate business need exists or we are required to do so by law, the information we get in this report, as well as any other information which we later acquire, will not be disclosed to anyone else without your consent. You may request a copy of all information acquired by us and have a right to correct any personal information which you feel is inaccurate. We will, if required by law, give you a more detailed notice of the types of personal information which we get in considering your application, as well as any additional rights you may have.

If you need any assistance, please feel free to contact your agent or us at General Life Insurance Company, 95 North Research Drive, Edwardsville, IL 62025.

CUSTOMER INTERVIEW PROGRAM

In connection with your Application for Insurance you may be receiving a telephone call from a person at our Home Office or another agency authorized to obtain some personal and financial information. You can be assured that your answers are strictly confidential and will be used only to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient to you. In the event you are not in when the interviewer calls, the interviewer will probably leave his/her name and a telephone number so that you can return the call at no charge to you and supply the necessary information.

7067742
(9/96)

**LEVEL BENEFIT TERM LIFE INSURANCE
ANNUALLY RENEWABLE TO AGE 95
WITH PREMIUM ADJUSTMENT PROVISION**

Non-Participating

**GENERAL LIFE INSURANCE COMPANY
Edwardsville, Illinois 62025**

7000442
(10/98)

(G-18)

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

For Information Contact Your Agent

Or

The Home Office

RONALD R BUNCH
3716 BONNIE DRIVE
FORT WORTH TX 76116

GENERAL LIFE
INSURANCE COMPANY
95 N. RESEARCH DRIVE
EDWARDSVILLE, IL 62025

Proposed Insured: DR JAMES A LOGAN
Age: 65
Policy Number: TL0014603H

Date of Issue: JULY 22, 1999
Date Prepared: JULY 22, 1999

Plan and Additional Benefits:	Amount	Premium If Paid Annually	Years Payable
Level Term Annually Renewable to Age 95 Current Premiums	\$200,000	2,216.00 2,216.00 2,216.00 2,216.00 2,216.00 2,216.00 2,216.00 21,206.00 2,216.00	Policy Year 1 Policy Year 2 Policy Year 3 Policy Year 4 Policy Year 5 Policy Year 10 Policy Year 20 Age 65
Maximum Premiums	\$200,000	2,216.00 2,216.00 2,216.00 2,216.00 2,216.00 2,216.00 84,896.00 2,216.00	Policy Year 1 Policy Year 2 Policy Year 3 Policy Year 4 Policy Year 5 Policy Year 10 Policy Year 20 Age 65

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**GENAMERICA FINANCIAL CORPORATION
SERVING REGISTERED AGENT THE CORPORATION TRUST COMPANY
1209 N ORANGE STREET
WILMINGTON DELAWARE 19801**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY, GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By  _____, Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____.M. Executed at _____,
within the County of _____ at _____ o'clock _____.M. on the _____ day of _____,
20_____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by
me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____

For mileage \$ _____ of _____ County, _____

For Notary \$ _____ By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

Notary Public _____ County _____

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**GENERAL AMERICAN LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
5601 SOUTH 59TH STREET
LINCOLN NEBRASKA 68516**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which
accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By  Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. M. Executed at _____,
within the County of _____ at _____ o'clock _____. M. on the _____ day of _____,
20 _____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by
me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____

For mileage \$ _____ of _____ County, _____

For Notary \$ _____ By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,

to certify which witness my hand and seal of office.

Notary Public _____ County _____

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**GENERAL LIFE INSURANCE COMPANY OF AMERICA
SERVING REGISTERED AGENT ROBERT E JACKSON
12222 MERIT DRIVE STE 1260 LB 36
DALLAS TEXAS 75251**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which
accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By , Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No. 116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____.M. Executed at _____,
within the County of _____ at _____ o'clock _____.M. on the _____ day of _____,
20_____, by delivering to the within named

For serving Citation \$ _____

For mileage \$ _____

For Notary \$ _____

of County, _____

of _____ County, _____

By _____ Deputy _____

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____.

to certify which witness my hand and seal of office.

Notary Public _____ County _____

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**GENERAL LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT ROBERT E JACKSON
12222 MERIT DRIVE STE 1260 LB 36
DALLAS TEXAS 75251**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

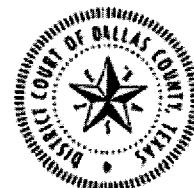
**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which
accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By  Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No. 116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. M. Executed at _____,
within the County of _____ at _____ o'clock _____. M. on the _____ day of _____,
20_____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by
me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____

For mileage \$ _____ of _____ County, _____

For Notary \$ _____ By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

Notary Public _____ County _____

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**METLIFE, INC.
SERVING REGISTERED AGENT THE CORPORATION TRUST COMPANY
1209 N ORANGE STREET
WILMINGTON DELAWARE 19801**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

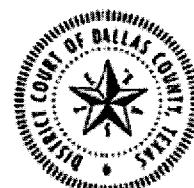
**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which
accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By  Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No. 116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. M. Executed at _____,
within the County of _____ at _____ o'clock _____. M. on the _____ day of _____,
20_____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____

For mileage \$ _____ of _____ County, _____

For Notary \$ _____ By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

Notary Public _____ County _____

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**METROPOLITAN LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
28 LIBERTY ST
NEW YORK NEW YORK 10005**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which
accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By , Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. M. Executed at _____,
within the County of _____ at _____ o'clock _____. M. on the _____ day of _____,
20 _____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by
me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____

For mileage \$ _____ of _____ County, _____

For Notary \$ _____ By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

Notary Public _____ County _____

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**METROPOLITAN TOWER LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
5601 SOUTH 59TH STREET
LINCOLN NEBRASKA 68516**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which
accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By , Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No. 116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the _____ day of _____, 20_____, at _____ o'clock _____. M. Executed at _____,
within the County of _____ at _____ o'clock _____. M. on the _____ day of _____,
20_____, by delivering to the within named

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ _____

For mileage \$ _____ of _____ County, _____

For Notary \$ _____ By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

Notary Public _____ County _____



FELICIA PITRE
DALLAS COUNTY DISTRICT CLERK

NINA MOUNTIQUE
CHIEF DEPUTY

CAUSE NO. DC-20-09553

VIVIAN LOGAN

vs. METLIFE, INC. et al

116th District Court

ENTER DEMAND FOR JURY

JURY FEE PAID BY: PLAINTIFF: VIVIAN LOGAN

FEE PAID: \$40.00

FILED

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**GENERAL AMERICAN LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
5601 SOUTH 59TH STREET
LINCOLN NEBRASKA 68516**

20 JUL 27 AM 11:00
FELICIA PITRE
DISTRICT CLERK
DALLAS CO., TEXAS
DEPUTY
[Signature]

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By *[Signature]*, Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

ISSUED THIS
15th day of July, 2020

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the 15th day of July, 2020, at 4:00 o'clock P. M. Executed at 5601 S 59th st Lincoln, Ne 68516-2306,
within the County of _____ at 10:05 o'clock A. M. on the 24th day of July,
2020, by delivering to the within named General American Life Insurance Company by serving
its registered agent CT corporation system by US certified mail
return receipt received and signed by Josh Holbrook

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation	\$ <u>76</u>	<u>Josh Holbrook</u>
For mileage	\$ _____	of _____ County, _____
For Notary	\$ _____	By <u>T. Duran</u> Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

FELICIA PITRE
DISTRICT CLERK
600 COMMERCE STREET
DALLAS, TEXAS 75202-4606

Notary Public _____ County _____



July 24, 2020

Dear MAIL MAIL:

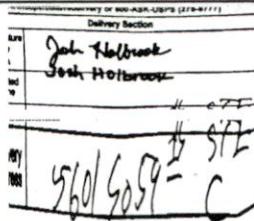
The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0152 6483 16.

Item Details

Status: Delivered, Individual Picked Up at Postal Facility
Status Date / Time: July 24, 2020, 10:05 am
Location: LINCOLN, NE 68516
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Recipient Name: Return Receipt Electronic
GENERAL AMERICAN LIFE INSURANCE COMPANY

Recipient Signature

Signature of Recipient:



Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000152648316
DC-20-09553//DM
GENERAL AMERICAN LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
5601 S 59th St
Lincoln, NE 68516-2306

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

METROPOLITAN TOWER LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
5601 SOUTH 59TH STREET
LINCOLN NEBRASKA 68516

FILED
20 JUL 27 AM 11:00

FELICIA PITRE
DISTRICT CLERK
DALLAS CO., TEXAS
DEPUTY

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY, GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By DANIEL MACIAS, Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

ISSUED THIS
15th day of July, 2020

FELICIA PITRE
Clerk District Courts,
Dallas County, Texas

By: DANIEL MACIAS, Deputy

Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com

**DALLAS COUNTY
SERVICE FEES PAID**

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the 15th day of July, 2020, at 4:05 o'clock P.M. Executed at 5601 South 59th street
within the County of Lincoln Nebraska, 68516
at 10:05 o'clock A.M. on the 24th day of July,
2020, by delivering to the within named Metropolitan Tower Life Insurance Company by serving its registered
agent Internet corporation system by US certified mail return receipt received
and signed by Josh Holbrook

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ 74

Josh Holbrook

For mileage \$ _____

of _____ County, _____

For Notary \$ _____

By P Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,
to certify which witness my hand and seal of office.

FELICIA PITRE
DISTRICT CLERK
600 COMMERCE STREET
DALLAS, TEXAS 75202-4606

Notary Public _____ County _____



July 24, 2020

Dear MAIL MAIL:

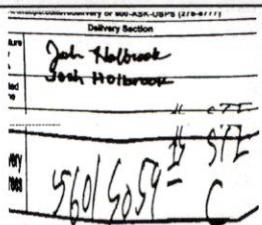
The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0152 6483 85.

Item Details

Status: Delivered, Individual Picked Up at Postal Facility
Status Date / Time: July 24, 2020, 10:05 am
Location: LINCOLN, NE 68516
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Recipient Name: METROPOLITAN TOWER LIFE INSURANCE COMPANY

Recipient Signature

Signature of Recipient:



Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000152648385
DC-20-09553//DM
METROPOLITAN TOWER LIFE INSURANCE COMPANY
SERVING REGISTERED AGENT CT CORPORATION SYSTEM
5601 S 59th St
Lincoln, NE 68516-2306

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**GENAMERICA FINANCIAL CORPORATION
SERVING REGISTERED AGENT THE CORPORATION TRUST COMPANY
1209 N ORANGE STREET
WILMINGTON DELAWARE 19801**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

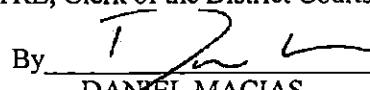
Filed in said Court **14th day of July, 2020** against

METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY, GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on INSURANCE etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: FELICIA PITRE, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this 15th day of July, 2020.

ATTEST: FELICIA PITRE, Clerk of the District Courts of Dallas, County, Texas

By  Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

FILED

2020 AUG -6 AM 7:59

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the 16th day of July, 2020, at 8:44 o'clock A.M. Executed at 1209 N Orange St
within the County of Wilmington DE at 1pm o'clock A.M. on the 4th day of Aug,
20 20, by delivering to the within named Genamerica Financial Corporation serving
registered agent The Corporation Trust Company by US
certified mail Return Receipt Received and signed by

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ 76.00

Sign: A. Nygvin

For mileage \$ _____

of _____ County,

For Notary \$ _____

By _____ Deputy

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20 _____

to certify which witness my hand and seal of office.

FELICIA PITRE
DISTRICT CLERK
600 COMMERCE STREET
DALLAS, TEXAS 75202-4606

Notary Public _____ County _____



August 4, 2020.

Dear MAIL MAIL:

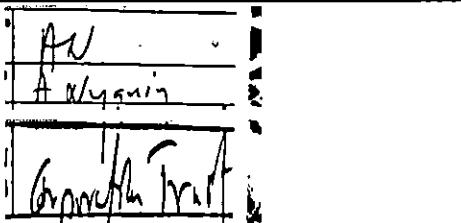
The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0152 6484 22.

Item Details

Status: Delivered
Status Date / Time: August 4, 2020, 6:22 am
Location: WILMINGTON, DE 19801
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Recipient Name: Return Receipt Electronic
Recipient Name: GENAMERICA FINANCIAL CORPORATION

Recipient Signature

Signature of Recipient:



Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000152648422
DC-20-09553//DM
GENAMERICA FINANCIAL CORPORATION
SERVING REGISTERED AGENT THE CORPORATION TRUST
COMPANY
1209 N Orange St
Wilmington, DE 19801-1120

**FORM NO. 353-3 - CITATION
THE STATE OF TEXAS**

To:

**METLIFE, INC.
SERVING REGISTERED AGENT THE CORPORATION TRUST COMPANY
1209 N ORANGE STREET
WILMINGTON DELAWARE 19801**

GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **116th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being **VIVIAN LOGAN**

Filed in said Court **14th day of July, 2020** against

**METLIFE, INC., METROPOLITAN LIFE INSURANCE COMPANY, GENAMERICA
FINANCIAL CORPORATION, METROPOLITAN TOWER LIFE INSURANCE COMPANY,
GENERAL AMERICAN LIFE INSURANCE COMPANY, GENERAL LIFE INSURANCE
COMPANY AND GENERAL LIFE INSURANCE COMPANY OF AMERICA**

For Suit, said suit being numbered **DC-20-09553**, the nature of which demand is as follows:
Suit on **INSURANCE** etc. as shown on said petition **REQUEST FOR DISCLOSURE**, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: **FELICIA PITRE**, Clerk of the District Courts of Dallas, County Texas.
Given under my hand and the Seal of said Court at office this **15th day of July, 2020**.

ATTEST: **FELICIA PITRE**, Clerk of the District Courts of Dallas, County, Texas

By  Deputy
DANIEL MACIAS



CERT MAIL

CITATION

DC-20-09553

**VIVIAN LOGAN
vs. METLIFE, INC. et al**

**ISSUED THIS
15th day of July, 2020**

**FELICIA PITRE
Clerk District Courts,
Dallas County, Texas**

By: DANIEL MACIAS, Deputy

**Attorney for Plaintiff
STEPHEN F MALOUF
6688 N CENTRAL EXPY STE 1050
DALLAS TX 75206
214-969-7373
maloufs@smalouf.com**

**DALLAS COUNTY
SERVICE FEES PAID**

FILED

2020 AUG -6 AM 7:59

OFFICER'S RETURN

Case No. : DC-20-09553

Court No.116th District Court

Style: VIVIAN LOGAN

vs. METLIFE, INC. et al

Came to hand on the 10th day of July, 2020 at 8:44 o'clock A.M. Executed at 1209 N. Orange St.
within the County of Wilmington DE at 6:00 o'clock A.M. on the 4th day of Aug
2020, by delivering to the within named MetLife Inc Serving Registered Agent
The Corporation Trust Company by its Court Posse
mail return receipt received and signed by

each, in person, a true copy of this Citation together with the accompanying copy of this pleading, having first endorsed on same date of delivery. The distance actually traveled by me in serving such process was _____ miles and my fees are as follows: To certify which witness my hand.

For serving Citation \$ 76.00

For mileage \$ _____

For Notary \$ _____

SIGN. A. NUGENT

of _____ County _____

By _____ Deputy _____

FELICIA PITRE

DISTRICT CLERK

600 COMMERCE STREET

DALLAS, TEXAS 75202-4606

(Must be verified if served outside the State of Texas.)

Signed and sworn to by the said _____ before me this _____ day of _____, 20_____,

to certify which witness my hand and seal of office.

Notary Public _____ County _____



August 4, 2020

Dear MAIL MAIL:

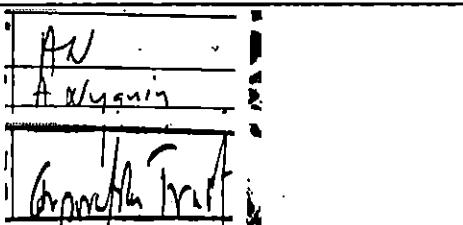
The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0152 6486 20.

Item Details

Status: Delivered
Status Date / Time: August 4, 2020, 6:22 am
Location: WILMINGTON, DE 19801
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Recipient Name: Return Receipt Electronic
METLIFE INC

Recipient Signature

Signature of Recipient:



Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
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475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000152648620
DC-20-09553//DM
METLIFE, INC.
SERVING REGISTERED AGENT THE CORPORATION TRUST
COMPANY
1209 N Orange St
Wilmington, DE 19801-1120